

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009885

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No. 3006 Registrar's No. 162

FILED MAR 19 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |                                  |   |                                   |
|---|----------------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BOONE</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>                         |                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Columbia, Mo.</b>   |                                  | c. CITY OR TOWN <b>Columbia</b>   |                                   |
| Length of stay in 1b <b>8 days</b>  |                                  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>UNIVERSITY OF MO. Medical Center</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>201 PROVIDENCE RD.</b>  |                                   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Ralph</b> Middle <b>Newton</b> Last <b>Kee</b>  |                                  | 4. DATE OF DEATH<br>Month <b>3</b> Day <b>14</b> Year <b>62</b>   |                                   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-4-17</b> |
| 9. AGE (last birthday)<br><b>44</b>   |                                  | IF UNDER 1 YEAR<br>Months <b>44</b> Days <b>44</b> Hours <b>44</b> Min. <b>44</b>   |                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>laborer</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Stevens Missouri U. S.</b>  |                                   |
| 11. BIRTHPLACE (City and state or country)<br><b>Stevens Missouri U. S.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S.</b>   |                                   |
| 13a. FATHER'S NAME<br><b>Adolph KEE</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Nevada Washington</b>   |                                   |
| 14. NAME OF HUSBAND OR WIFE<br><b>NONE</b>  |                                  | Address<br><b>UNIVERSITY of Mo. Medical Records / Columbia, Mo.</b>   |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, No, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>UNIVERSITY of Mo. Medical Records / Columbia, Mo.</b>   |                                   |
| 17. INFORMANT<br><b>UNIVERSITY of Mo. Medical Records / Columbia, Mo.</b>   |                                  | Address<br><b>UNIVERSITY of Mo. Medical Records / Columbia, Mo.</b>   |                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Eysanquinatrium</b><br>DUE TO (b) <b>Diffuse Hemorrhagic Gastritis</b><br>DUE TO (c) <b>3 days</b>                             |                                  |   |                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Renal Infarction, Cerebro-vascular Thrombosis</b>   |                                  |   |                                   |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |                                  |   |                                   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  | 20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                  |   |                                   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |                                   |
| 21. I attended the deceased from <b>March 6-62</b> to <b>March 14</b> and last saw him alive on <b>March 14-62</b><br>Death occurred at <b>4:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |                                   |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Donald L. Mitchell M.D.</b>   |                                  | 22b. ADDRESS<br><b>Univ. Mo. Med Center</b>   |                                   |
| 22c. DATE SIGNED<br><b>3-14-62</b>  |                                  | 22d. LOCATION (City, town, or county) (State)<br><b>Columbia, Mo.</b>   |                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>3/17/62</b>   |                                   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Columbia, Mo.</b>   |                                   |
| 24. FUNERAL DIRECTOR<br><b>George H. Green Fulton, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>March 16, 1962</b>   |                                   |
| 26. REGISTRAR'S SIGNATURE<br><b>Mrs. R.E. Palmer</b>  |                                  | (Licensed Embalmer's Statement on Reverse Side)   |                                   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4220

P. O. Address Jackson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.